

State of Indiana 2008 Rates

Plan	Coverage	Bi-Weekly Employee	Bi-Weekly Employer Premium	Bi-Weekly Employer HSA Contribution	Total	Monthly Premium Rate	Monthly HSA Contribution	COBRA	Annual Employee	Annual Employer	Annual Total
HDHP 1 & HSA 1	Single	\$0.00	\$118.52	\$52.89*	\$171.41	\$256.78	\$114.59	\$261.92	\$0.00	\$4,456.40**	\$4,456.40
	Family	\$0.00	\$365.57	\$105.77*	\$471.34	\$792.07	\$229.17	\$807.91	\$0.00	\$12,254.84**	\$12,254.84
HDHP 2 & HSA 2	Single	\$15.97	\$135.44	\$35.97*	\$187.38	\$328.06	\$77.92	\$334.62	\$415.22	\$4,456.40**	\$4,871.62
	Family	\$43.58	\$399.42	\$71.93*	\$514.93	\$959.83	\$155.83	\$979.03	\$1,133.08	\$12,254.84**	\$13,387.92
Anthem Traditional II	Single	\$56.13	\$171.40		\$227.53	\$492.97		\$502.83	\$1,459.38	\$4,456.40	\$5,915.78
	Family	\$154.37	\$471.34		\$625.71	\$1,355.70		\$1,382.81	\$4,013.62	\$12,254.84	\$16,268.46
Welborn HMO	Single	\$16.04	\$171.40		\$187.44	\$406.11		\$414.23	\$417.04	\$4,456.40	\$4,873.44
	Family	\$44.66	\$471.34		\$516.00	\$1,118.01		\$1,140.37	\$1,161.16	\$12,254.84	\$13,416.00
Delta Dental	Single	\$0.00	\$9.43		\$9.43	\$20.43		\$20.84	\$0.00	\$245.18	\$245.18
	Family	\$0.00	\$26.73		\$26.73	\$57.91		\$59.07	\$0.00	\$694.98	\$694.98
EyeMed Vision	Single	\$0.00	\$1.76		\$1.76	\$3.81		\$3.89	\$0.00	\$45.76	\$45.76
	Family	\$2.70	\$1.76		\$4.46	\$9.66		\$9.85	\$70.20	\$45.76	\$115.96
Flexible Spending Accounts Medical and Dependent Care		\$2.55			\$2.55	\$5.53					

*The HSA contributions made by the State are based on 26 pay periods. If you are on B payroll, you will not receive an HSA contribution on the 27th pay date in 2008.

**Includes HSA contributions made by the State.